Module 7: Administrative Policies and Procedures

MODULE PREVIEW

This module provides an overview of the document hierachy at the Laboratory and defines the types and uses of those documents. It was developed to help managers and supervisors in formally conducting operations at the Laboratory.

One of the many tasks of managers and supervisors is to establish or provide input into the development of policies and procedures at their facilities. To be effective it is important to understand the need for policies and procedures, the hierarchy of documents, and the potential consequences inherent in not following policies and procedures.

Many of the documents discussed in this module are available on the World Wide Web (WWW). When possible, locations are given for these documents in the margins.

GENERAL POLICY INFORMATION

In general, policies are developed that embrace general goals and acceptable ways of conducting business. The policies are meant to be broad in nature, to incorporate rules and regulations, and to support accurate, efficient, and safe procedures.

Factors That Shape Policy

Senior management, with input from various subject matter experts and other Laboratory managers, shapes Laboratory policy and philosophy. The following are major components that impact Laboratory policy decision making:

- University of California prime contract with DOE;
- federal/state/local laws and regulations (DOE Orders,

RCRA, EPA, OSHA, etc.);
- recommendations from external audits; and
- good business practices.

The Importance Of Following LANL Policy

Complying with stated Laboratory policies helps to ensure that workers are treated fairly and consistently and have a safe work environment. Failure to follow policy can lead to

- permanent or temporary cessation of normal operation,
- damage to the environment,
- commitment of resources, to resolve long-term consequences of internal or external audits, that could have been used elsewhere,
- disciplinary action,
- fines and criminal penalties,
- exposing LANL managers and workers to personal liability,
- injury, illness, or death to LANL workers or the public,
- loss of business,
- unreliable facilities.

LANL POLICY DOCUMENTS

The purpose of Laboratory policies and procedures is to define responsibilities and conduct of operations at LANL and promote conformity and consistency in the application of these policies and procedures throughout the Laboratory. Some LANL and external documents that impact operations are listed and explained below.

External Documents

Authoritative instruments are issued by DOE, other Federal agencies, the University of California, and the State of California for the purpose of establishing and applying sound business management principles. The sections that follow explain some, but not all, of the documents that impact operations at LANL.

DOE Hierarchy of Directives: DOE has established a hierarchy of directives that comprise the DOE Directives System. Figure 7-1 shows this hierarchy.

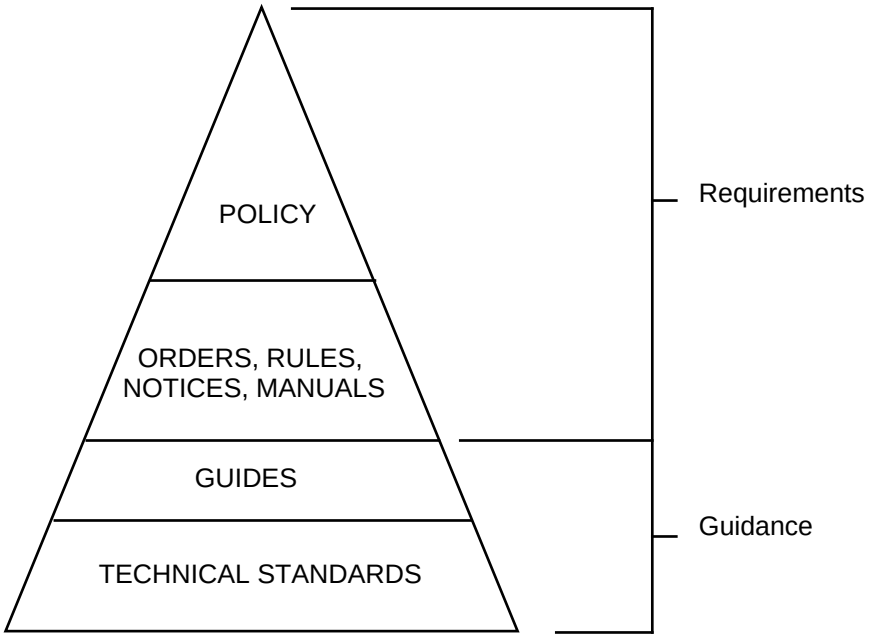

Figure 7-1: DOE Hierarchy of Directives

DOE policy represents the highest tier of its hierarchy and is supported and implemented by Orders, Rules, Notices, Manuals, Guides, and Technical Standards.

- Policy statements describe the philosophies and fundamental values of DOE. Policy statements apply equally to DOE Elements and Contractors.
- DOE Regulations (rules) establish enforceable requirements pursuant to the DOE's authority under law and in accordance with the Administrative Procedure Act.
- Orders establish management objectives and requirements and assign responsibilities. The Laboratory complies with DOE Orders that have been accepted for implementation into the prime contract with DOE. Since there are numerous DOE Orders, and not all of them are applicable under the contract, managers and supervisors will be made aware of the Orders that are applicable to their facility by the Contracts Performance Measures Program Office (QP/CPM). Direct any questions about which Orders are applicable to QP/CPM.

- Notices are like Orders, but are issued for immediate or short-term use.
- Manuals establish requirements that supplement Orders and provide more instruction about how the provisions of the Order shall be carried out.
- Guides are non-mandatory, supplemental information about acceptable methods for implementing requirements contained in DOE Regulations and Orders.
- Technical standards are non-mandatory criteria managed under the DOE Technical Standards Program to provide guidance to contractors and DOE personnel. Guides to Good Practices and DOE Handbooks are included in the Technical Standards Program.

http://apollo.osti.gov/html/techstds/techstds.html

http://iosun.lanl.gov:2008/

For more information about the DOE Directives System see DOE O 251.1 *(Directives System)* and DOE M 251.1 *(Directives System Manual)*. Both old and new DOE Directives can be found online.

Code of Federal Regulations (CFRs): The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. The code is divided into 50 titles, which represent broad areas subject to Federal regulation. Each title is divided into chapters that usually bear the name of the issuing agency. Each chapter is further subdivided into parts covering specific regulatory areas. Since CFRs represent federal law, civil or criminal penalties may result if it can be proved that the laws were broken intentionally or fraud or negligence can be shown on the part of the institution or, in some cases, individuals. CFRs are located online. Contact QP/CPM and Lab Legal for more information about applicable CFRs and other laws, regulations, and statutes.

http://cfr.counterpoint.com/CFR.html

University of California (UC) Oversight: A continuing goal in the University's management of LANL is to maintain and enhance scientific and technical excellence. The broader mission of the University and the values it brings to management of LANL is inherent in the responsibilities of the appointed committees that currently help oversee LANL. UC committees have sought to ensure:

- the scientific and technical work shall be of the highest quality;
- Laboratory operations shall be conducted in a manner protective of the environment and the health and safety of Laboratory personnel and the public;

- the policies and procedures governing classification of information, within the requirements of Federal law, shall be as flexible and reasonable as possible;
- policies and procedures affecting the freedom of expression of professional opinion shall be in keeping with University tradition and consistent with the requirements of national security;
- cooperation in research, teaching, and public service between the Laboratories and the campuses of the University shall be encouraged and optimized for maximum mutual benefit; and
- protection of individual privacy will be allowed in accordance with State and Federal statutes.

More information about UC and DOE National Laboratories can be found on the WWW.

http://labs.ucop.edu/

Internal Documents

The Laboratory's policies and procedures documents are developed to complement and be consistent with the external instruments. LANL has issued Director's Policy documents, Program Requirements Documents and Program Elements Documents, Laboratory-wide Standards and Procedures, and Laboratory Manuals. Figure 7-2 shows the current LANL document hierachy. This hierarchy will change when the Integrated Standards Based Management System is adopted by the Laboratory.

The WWW location in the margin is the starting point for finding existing LANL Policy and Procedure documents that are shown in Figure 7-2. Locations for specific Director's Policies, Program Requirement Documents, etc. will not be given in this module. They can be found by starting at the location given in the margin.

http://iosun.lanl.gov:2001/htmls/policy/policy.html

A complete list of the current policy and procedure documents are also available in Lab Manuals LM 1000A, *Operations* (Vol. 1 and 1a); LM 2000A, *ES&H Program Documents*; and LM 3000A, *Facilities*. These manuals are located in each Control Document Station (CDS).

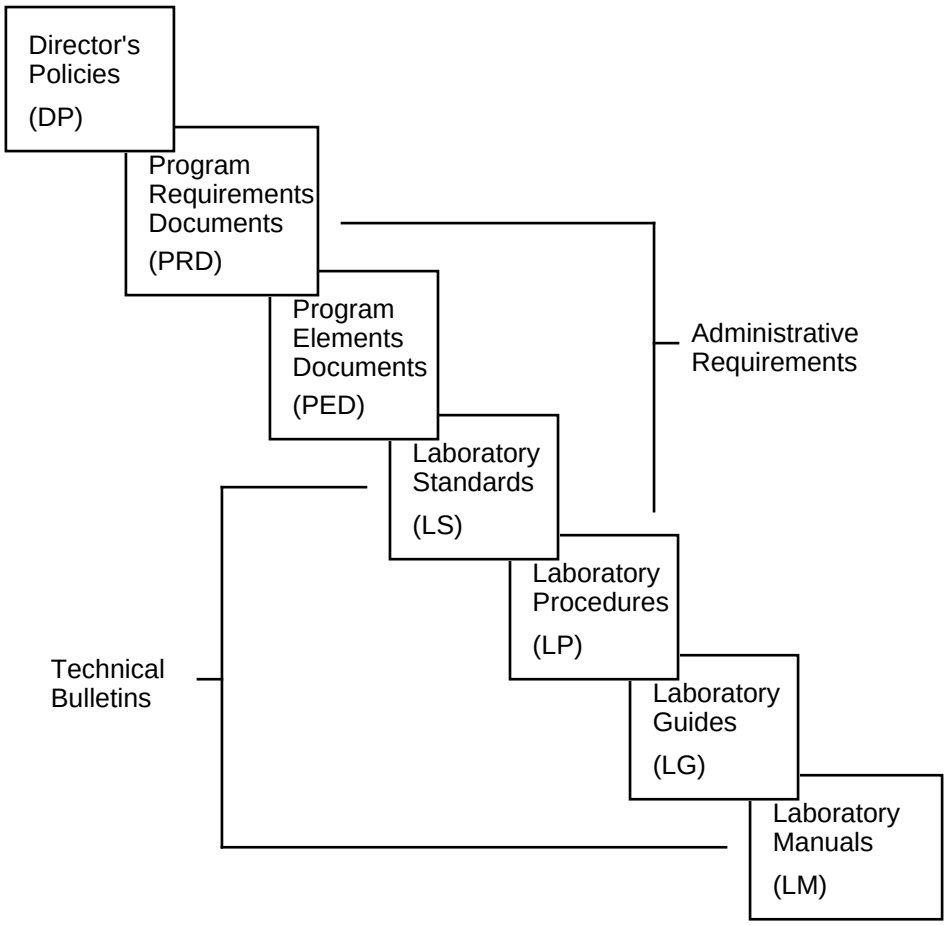

Figure 7-2: Current LANL Document Hierarchy

Director's Policies: Director's Policies are statements of intent or guiding principles (usually one or two pages) that define responsibilities and clearly delineate the goals and directions of the Laboratory. These policies help ensure that a consistent method of doing business exists across the varied functions and disciplines of the Laboratory. Statements of Laboratory policy can be issued only by the Director's office.

Program Requirements Documents (PRDs) and Program Elements Documents (PEDs): PRDs/PEDs implement the Director's Policies. A PRD briefly describes how a program is run. The program's scope, associated responsibilities, and implementation, including resources and evaluations are included in this document.

PEDs are for subprograms that fall under a broad umbrella program described in a PRD. Although PEDs are generally more detailed than PRDs, they are also as brief as possible. These documents summarize information needed to develop and maintain a Laboratory program.

Laboratory-Wide Standards (LSs) and Procedures (LPs): Primary objectives of the Laboratory are to conduct all operations in a disciplined and controlled manner, to maintain a safe and healthful work place for employees, and to protect the public and the environment. Developing and using formal standards and procedures contribute to achieving these objectives.

Laboratory Guides and Manuals: Guidance for and definitions of the current Laboratory Manuals and Guides was not published, but samples of Lab Manuals are available.

Old Laboratory Manual Series: The old Laboratory Manual Series outlined policies and procedures in several individual Manual chapters. The following is a list of chapters and their present status:

- Chapter 1 *(Environmental, Safety, and Health)* - This manual is a collection of Administrative Requirements (ARs) for ES&H. These ARs are being replaced by DPs, PRDs/PEDs, LPs/LSs, and LMs and are located in the CDSs. The ARs not yet replaced are located in controlled copies of the original Chapter 1 binders in the CDSs. All these ES&H documents are also located online.

  http://iosun.lanl.gov:2001/htmls/policy/esh/esh.html

- Chapter 2 *(Administrative Policies and Procedures)* - This chapter is now available entirely online. Updates and corrections are made on a continuing basis.

  http://iosun.lan.gov:2001/htmls/policy/adm/adm.html

- Chapter 3 *(Office Procedures)* - This chapter is currently being updated. Questions about this chapter can be directed to HR-PCO.

- Chapter 4 *(Publications)* - This chapter is currently being reviewed and updated and will be put online in the future. Questions can be directed to CIC-1.

- Chapter 5 *(Security and Safeguards Policies and Procedures)* - This chapter has been replaced by LM123-01, *Safeguards and Security Manual.* Any copies of the old Chapter 5 should be disposed of in accordance with Lab policy.

  http://bayberry.lanl.gov/~fss-pao/highlights/publications/publications.html

- Chapter 7 *(Procurement Policies and Procedures)* - This chapter is no longer in use. It has been replaced by the

  http://thumper.ucop.edu/procman.html

University of California Laboratory Procurement Policy and Standard Practices Manual. This manual has been adopted by LANL and is written for all UC National Labs (LANL, Lawrence Livermore, and Lawernce Berkely).

- Chapter 8 *(Materials Management)* - The property management section of this chapter has been revised and can be found in the *Property Management Manual* online on the BUS-6 home page. The receiving, distribution, and other warehouse sections are currently being revised by BUS-4 and will be online in the future.

http://www.bus.lanl.gov:8001/bus/organizational/bus-6/business/contents.html

Other LANL manuals exist that publish the requirements of specific major programs such as the *Emergency Management Plan* (LM109-01) and the *LANL Radiological Control Manual* (LM107-01).

Each of these manuals provides the manager and supervisor with specific LANL information to guide their decisions. Updates and corrections are made on a continuing basis to the online documents. For assistance in obtaining online documents, call 7-HELP.

Controlled Document System: DP115 *(Records Management and Document Control)*, PRD115-01 *(Document Control)*, PRD115-02 *(Records Management)*, and LP115-12 *(Administration of Controlled Documents)* specify the document control system presently in use at the Lab for Lab-wide documents.

FACILITY-SPECIFIC DOCUMENTATION

Facility-specific documents are controlled within each responsible organization. In establishing controls for facility-specific documents, each responsible organization should use the Document Control Program guideline established by and available from the Information Records Management Group, CIC-10.

Standards and Procedures: Developing and using formal standards and procedures contributes to conducting operations in a disciplined and controlled manner, to maintaining a safe and healthful workplace for workers, and to protecting the public and the environment.

Facility-specific standards and procedures are developed by the user organizations and are approved by their managers according to their internal review and approval systems.

Facility Specific SOPs and SWPs: Managers and supervisors must ensure that the standards and procedures involved in any potentially hazardous operation are consistent with the level of risk attendant to that operation. To accomplish this, written safe operating procedures (SOPs) and/or special work permits (SWPs) must be developed to identify the hazards and specify the controls selected to eliminate or mitigate those hazards.

The most knowledgeable and experienced personnel prepare the SOPs/SWPs, and supervisors and managers approve them. These procedures are then reviewed and approved by appropriate SMEs (ESH Division, FSS Division, etc.) as required.

More information about SOPs and SWPs can be obtained from AR 1-3.

Additional Administrative Policies and Procedures: Other organizational documents that determine facility specific policies and procedures may include documents such as:

- Radiation Control manuals,
- Emergency Procedures,
- Training and Qualification manuals, and
- Quality Assurance Plans.

Facility documents define how requirements, management philosophies, strategies, and technical knowledge will be integrated and applied to performing work in the facility. For example, a facility-specific training manual provides a comprehensive explanation of the training program to be implemented at the facility.

INTEGRATED STANDARDS BASED MANAGEMENT SYSTEM

LANL is currently working on a new system of documentation called the Integrated Standards Based Management (ISBM) System. Policy development coordination and delivery was transferred to the Laboratory Standards Project (LSP) Team in ESH-OIO in November of 1995 (see memo CPT:95-074 from Donald Sandstrom). A procedure for publishing documents during the transition to the ISBM system was developed and sent to Master Management in December of 1995 (see memo ISBM: 95-079 from Donald Sandstrom). This interim procedure is being used to approve and publish or revise PRDs, LPs, LSs, etc. when necessary.

http://www.lanl.gov:8000/memos/MasterManagement/December95

(see memos MM139/ADS126 and MM144/ADS131)

The goal of the LSP Team is to optimize the safety and cost effectiveness of performing work through an integrated management system based on necessary and sufficient standards to support the Lab mission to reduce the global nuclear danger. The system starts with assessing the work performed, analyzing the hazards, and then determining the procedures that are needed to address those hazards. The transition to the new Lab Standards system includes going from a rote compliance-based system to a performance-based (necessary and sufficient standards) system. Figure 7-3 shows the process (simplified).

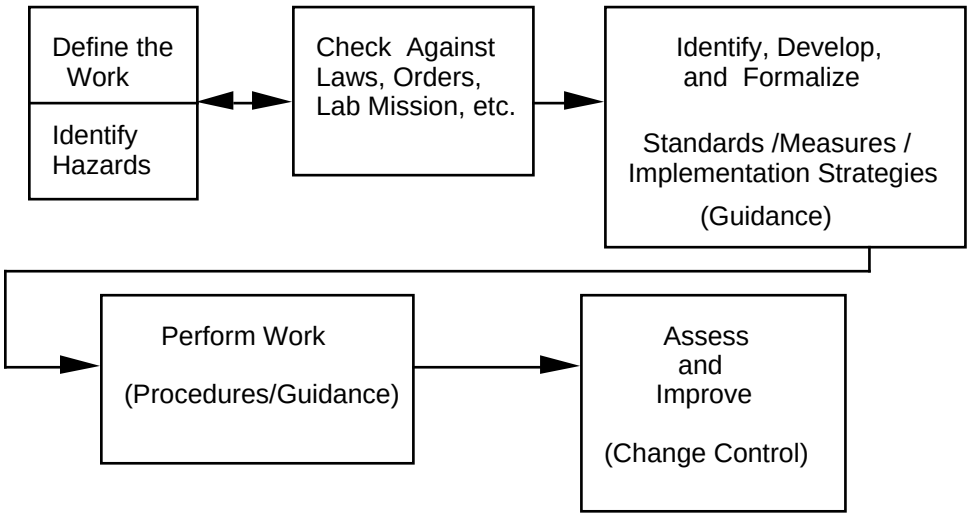

Figure 7-3: Laboratory Standards Process (simplified).
(Note: Each step feeds back into the others.)

Program and line personnel will be involved with writing these standards. They will define the work, identify the hazards, establish the standards, and define the performance criteria and measures. The workers, customers, stakeholders, and subject matter experts (ES&H, safeguards and security, facility managers, etc.) will have input. Other key elements in the Lab Standards system are:

- document management;
- financial and resource involvement from the beginning;
- self-measurement and improvement programs will be established;
- internal independent measurements will be done; and
- there will be reinforced accountability.

Figure 7-4 shows graphically how the Lab Standards system is setup for institutional documents. All present documents (DPs, PRDs, etc.) will eventually be converted to the Lab Standards system.

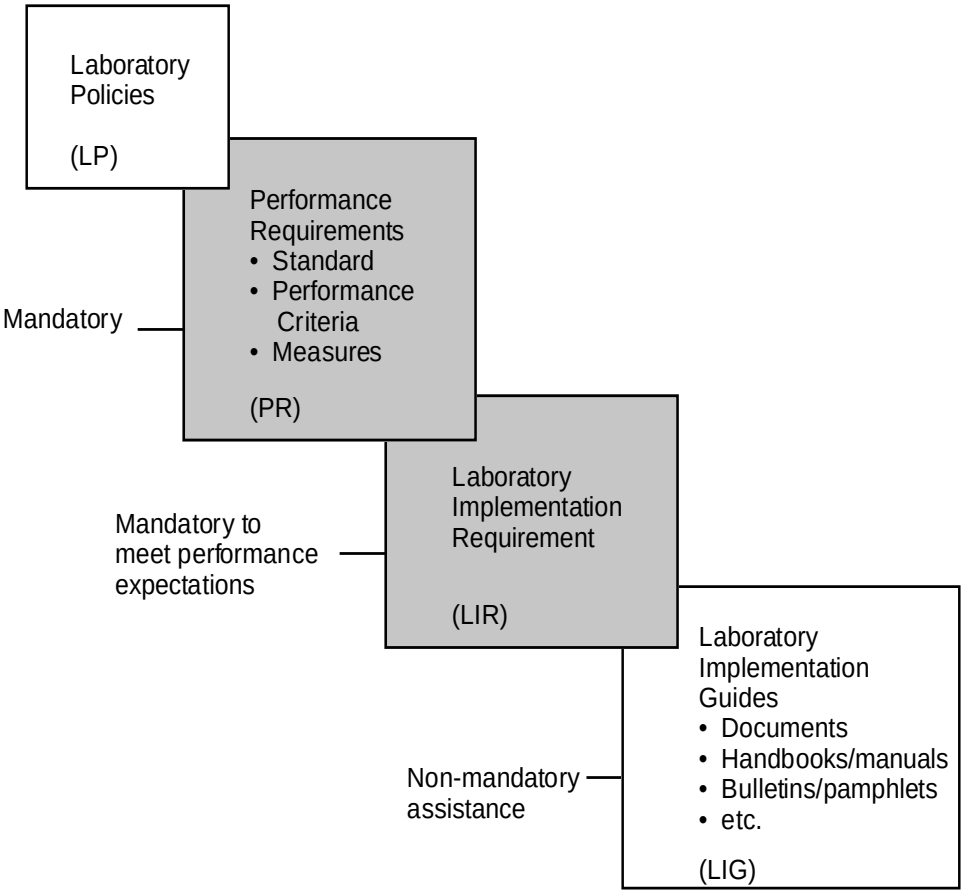

Figure 7-4: Proposed Lab Standards Model for Institutional Documents

The ISBM system is being piloted in the Radiation Protection area: teams were formed; work activities and hazards were identified; a necessary and sufficient set of standards is being identified. More information about this pilot can be obtained from the LSP Team.

Figure 7-4 shows the institutional documents generated in the Lab Standards process. The 'mandatory' documents show the 'what' - what needs to be. The 'non-mandatory' documents show the 'how'. This is done at the line or program level. (Please note that some mandatory requirements and non-mandatory guidance may be done at the institutional level.) Figure 7-5 shows the line/program requirements and guidance documents.

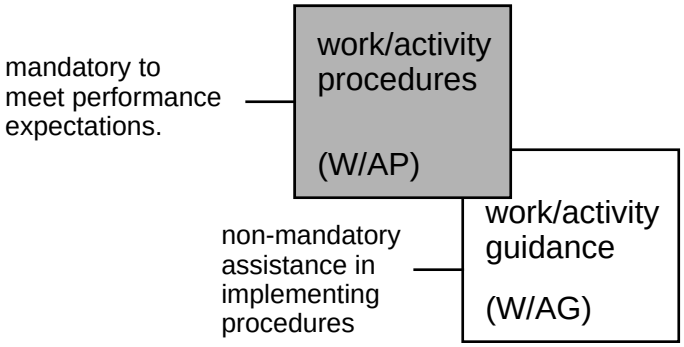

Figure 7-5: Proposed Lab Standards Model for Line/Program Requirements and Guidance.

RELATED INFORMATION

DOE provides guidance for procedure program management in the *Writer's Guide for Technical Procedures* (DOE STD-1029-92). This guidance is provided to assist writers across the DOE complex in producing accurate, complete, and usable procedures that promote safe and efficient operations that comply with DOE Orders and other federal/state/local laws and regulations.

To prevent duplication of effort, whether writing a facility specific or a Laboratory-wide document, search Laboratory literature and relevant LANL organizations for already published material. DOE and other contractors are also sources for documents that can be used or modified.

Many occurrence reports indicate that procedures, standards, etc., are poorly written, incorrect, confusing, or used improperly. Injured workers, damage to equipment or the facility, personnel contamination, and environmental release or exposure are often results of inadequate or improperly used procedures and can lead to facilities or operations being shut down for corrective actions or repairs. A LANL Lessons Learned bulletin reported that 33% of 1994 LANL Occurrence Reports had procedure related causes.

The following contributing, direct, or root cause categories related to these reports:

- management policy not adequately defined, disseminated, and enforced,
- inadequate administrative control,
- defective or inadequate procedure,
- personnel error related to inattention to detail or violation of a requirement,
- insufficient refresher training on procedures.

By implementing formal standards and procedures, lost work time and project delays due to shutdowns for corrective action or repairs can be minimized. The result is lower costs, a higher level of customer satisfaction, and enhancement of the general reputation of the Laboratory.

MODULE SUMMARY

This module was an overview of DOE and LANL related policies and procedures. Formal policies and procedures guide managers and supervisors in conducting operations at the Laboratory. Managers and supervisors must be familiar with LANL and facility policies and procedures, how they are generated, where they are found, and how they are implemented.

SELF-ASSESSMENT

Scenario

In October, 1995, a technician felt a “vibration” in an adjacent laboratory. He went to the laboratory window where he discovered that the lab was filled with orange-brown smoke. He pulled the fire alarm and the building was evacuated. Investigation determined that a 5-gallon plastic waste container had ruptured due to internal pressure caused by a chemical reaction. Damage to the laboratory included the wall nearest the container and the ceiling directly above the container. There were no personnel injuries.

The contents of the 5-gallon plastic container were concentrated nitric acid, a small amount of acetone, and trace amounts of a resin which were constituents of the waste stream from an analytical procedure done 20 hours prior to the event. The procedure document guiding the analysis being performed did not

explicitly state that acid and organic waste streams must not be mixed. Since there were no precautions or limitations mentioned about mixing organic waste streams in the SOP for this operation, the technician assumed that mixing was allowed.

Questions

(1) The list below includes the reasons why it is important to develop and use formal standards and procedures for operations except when they

a. contribute to conducting operations in a disciplined and controlled manner.
b. help maintain a safe and healthful workplace.
c. keep workers overtime because they have to follow each step exactly as described.
d. protect the public and the environment.

(2) In order to ensure that standards and procedures are consistent with the level of risk, SOPs should be developed and reviewed by

a. subject matter experts.
b. knowledgeable and experienced personnel.
c. supervisors and managers for those operations.
d. all of the above

(3) In the above scenario, one way this accident could have been avoided would have been for the manager or supervisor to require that, prior to approval, the procedure be

a. posted in the break room or lunch area.
b. sent to a technical writer for a check for grammatical errors.
c. validated by having subject matter experts or workers “walk down” the procedure.
d. asking a friend in another lab to look over the procedure.

Answers

1-c; 2-d; 3-c